



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: RIVERVIEW HOSPITAL

City of Hospital: Noblesville

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0059

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$139675336
Outpatient Patient Service Revenue	\$191167739
Total Gross Patient Service Revenue	\$330843075

2. Deductions From Revenue

Contractual Allowance	\$181180398
Other Deductions	\$11767445
Total Deductions	\$192947843

3. Total Operating Revenue

Net Patient Service Revenue	\$137882239
Other Operating Revenue	\$4110797
Total Operating Revenue	\$141993036

4. Operating Expenses

Salaries and Wages	\$55247707	Employee Benefits	\$12760106
Depreciation and Amortization	\$9770335	Interest Expense	\$2124682
Bad Debt	\$8041880	Other Expenses	\$55992369
Total Operating Expenses	\$143937079		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1944044	Total Assets	\$178315601
Net Non-operating Gains over Loss	\$8026985	Total Liabilities	\$62393389
Total Net Gains	\$6082941		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$145570953	\$79719375	\$65851578
Medicaid	\$26467446	\$14494432	\$11973014
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$158804676	\$86966591	\$71838085
Total	\$330843075	\$181180398	\$149662677

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$624973	\$98972	\$526001

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$14112	\$-14112
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	16
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$11767445
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4940000	
HCI Payments	\$0		
Subtotal	\$0	\$4940000	\$-4940000
Medicaid Shortfalls	\$4819776	\$3825582	
Subtotal	\$4819776	\$8765582	\$-3945806
DSH Payments	\$3,690,911		
Subtotal	\$8510687	\$8765582	\$-254895
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$8510687	\$8765582	\$-254895

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$52047	\$41539	\$10508
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$330577	\$-330577
Other Allocations	\$0	\$0	\$0